Cirrhosis

2LT Emily Tarleton

Patient Care Review

MNT Basic

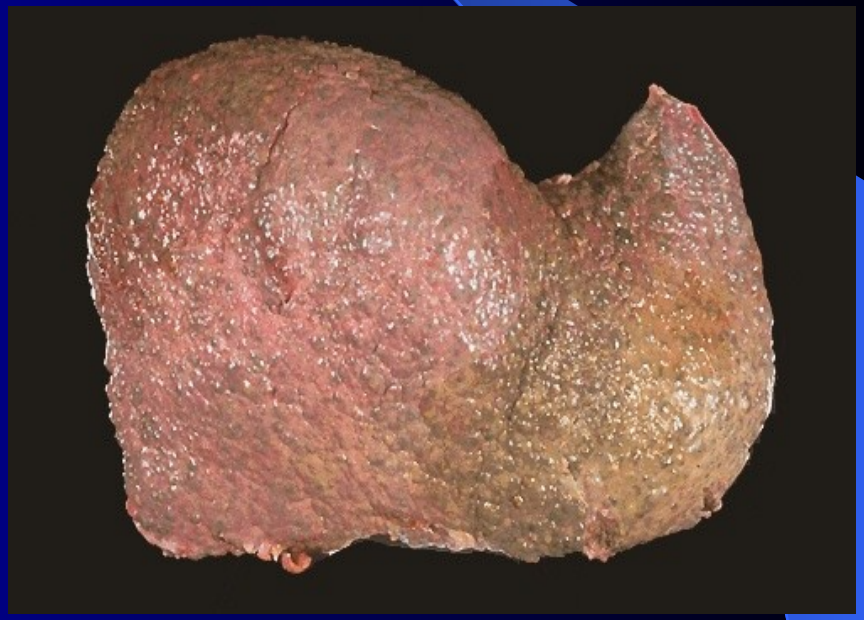
3 November 2000

Preceptor: 2LT Crail

The Liver

- Normal

- Alcoholic Liver

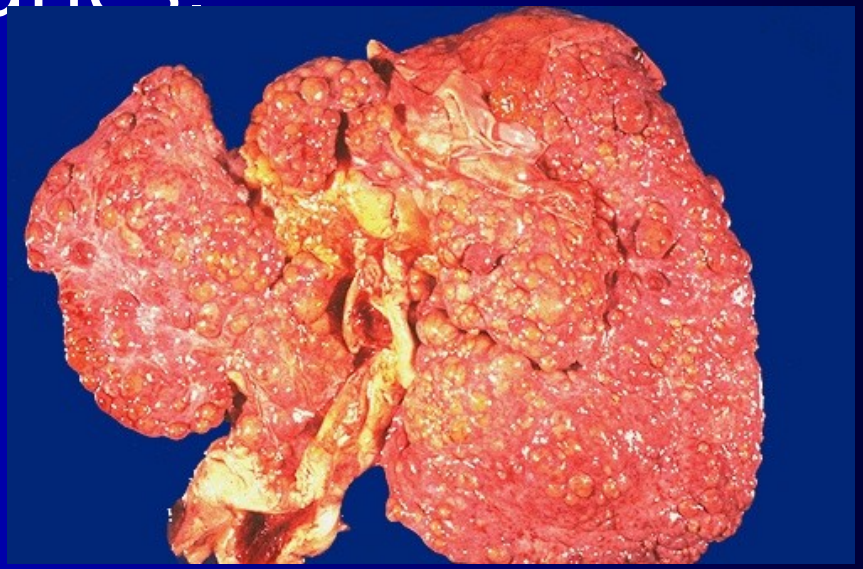


Cirrhosis

- The disorganization of liver architecture by widespread fibrosis resulting in nodule formation.
- Exceeded only by CVD and CA as a cause of death in the 45-65 yo age group in the U.S.
- Majority are secondary to chronic ETOH abuse.

Cirrhosis

- The end product of the rxn of the liver to certain types of injury.
- The rate at which the liver is injured varies.



Symptoms

- Generalized weakness
- Anorexia
- Malaise
- Wt. Loss
- Loss of libido

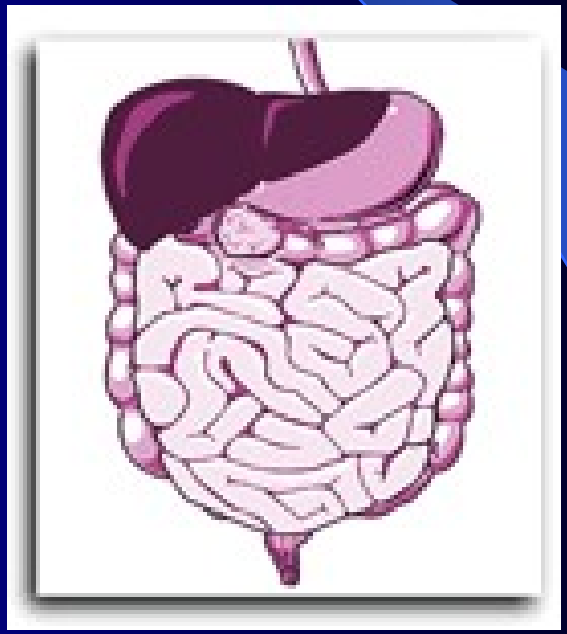
- Many pt are asymptomatic and well-nourished

Complications

- Most of the severe complications are secondary to portal hypertension since it leads to development of collateral flow from the portal system to the system

What are the chances of recovery?

- Prognosis
- Treatment



Nutritional Implications

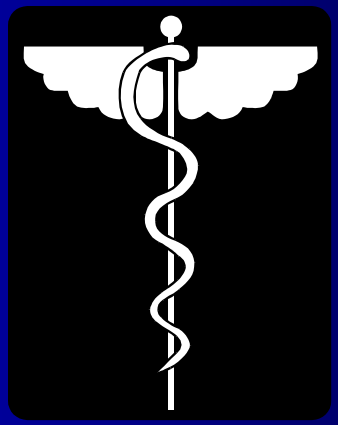
- Alcoholic MaInutrition
- Impaired Digestion and Absorption
- Vitamin and Mineral Deficiencies

Patient Selection

- Patient ID: JM
- 62 yo WM
- Admitted on 23 Oct
  - Complaining of a GI bleed with acute MI
- Dx: GI bleed, MI
- WRAMC MNT Care Plan: Cirrhosis

Past Medical History

- Hepatic Insufficiency (June 00)
- GI bleed
- Tobacco and ETOH abuse



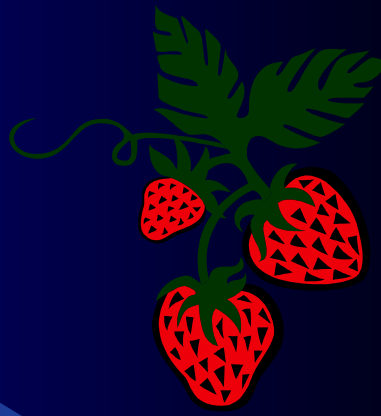
Psycho-Social/Family History

- Tobacco use
- Alcohol use
- Single
- Father died at age 51 of MI
- Mother died at age 62 of ETOH/pancreatic cancer

Current Treatment

- Monitor GI bleed
- Monitor daily wts
- Monitor LFT labs
- Avoid over hydration
- Paracentesis

Diet



- At Home:
  - Cooks for self
  - Mainly F, V, Fish, Chicken
  - Low Na
- Admission: Hepatic Soft
- Current: High protein, low Na

Physical Exam

- 6’3”/190cm
- UBW: 198 – 208# (June 00)
- DBW: 171 – 187#

Medications

Propanolol	Antiarrhythmic, AntiHTN	Avoid natural licorice, not with high dose of V-C	
Neutrapho s	AntiPCP	Folate Antagonist	
Lasix	Diuretic, AntiHTN	K-depleting Avoid Licorice	Anorexia, Inc thirst
Prilosec	Antiulcer, Antisecretory	May dec. iron and B12 abs.	Dec. gastric acid secretion, Inc. gastric pH
Aldacton	Diuretic	K-sparing,	Anorexia, Inc.

Labs

Lab Test	Normal	23-Oct	27-Oct
ALT	21-27 U/L	41	39
AST	17-59 U/L	217	127
Bilirubin	0.2-1.3 mg/dL	10.8	4.3
Alk Phos	38-126 U/L	158	188
Na	137-145 mmol/L	135	134
K	3.6-5.0 mmol/L	3.5	4.2
Glucose	75-110 mg/dl	123	130
Ca	8.4-10.2 mg/dl	7.2	7.3
Ammonia	9-33 umol/L	17	NA
Mg	1.3-2.1 mEq/L	1.7	NA
Albumin	3.5-5.0 g/dL	2	1.8

Nutritional Diagnostic Statement

- Pt is at risk for protein energy malnutrition secondary to alcoholic cirrhosis and h/o alcohol abuse, as shown by elevated LFT’s, edema, and ascites.

Caloric Needs

- Wt: 90 kg/198#
- Ht: 190 cm/6’3”
- Age: 62
- BEE: 1830 kcal/day (Harris-Benedict)
- SF: 1.1
- AF: 1.25
- 2516 kcal/day

Protein Needs

- PF: 1.2 – 1.5 g/day
- PRO Needs: 108 – 135 g/day (computer)

MNT Care Plan

- Goal of Therapy: To prevent malnutrition with high cal, high protein, nutrient dense meals.

- Plan: To maintain nutritional status, support liver function, and promote liver regeneration and healing.

Outcomes of Care

- Potential Health Outcomes: Pt will maintain adequate nutritional status and maintain current wt. Pt will consume enough nutrients and kcal to promote healing.

- Potential Resources Saved: Pt will avoid prolonged hospital stay decreasing expenditure of the pt and the hospital.

Questions?